

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mina H Ubbing

Mailing Address 750 Fairview Drive

City

Lancaster

State

OH

Zip Code

43130-3313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairfield Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211635

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas S. Urban

Mailing Address 8484 Old Shaw Way

City

West Chester

State

OH

Zip Code

45069-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Health Partners

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211636

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. LaMar L Wyse

Mailing Address 975 Tiehack Court West

City

Galion

State

OH

Zip Code

44833-2312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Galion Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: 16211637

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....